

The Vermont RAYS

Raise Awareness for Youth Services

Participation Agreement

Please take a moment and review the following document. Before receiving any financial incentive, this form must be reviewed, signed, and submitted.

This council is youth driven and youth led, under the guidance of our faculty advisors. Faculty advisors will be available at every meeting and will serve the following functions:

- Promote community and create safe environment for learning and building skills.
- Provide meeting space and materials.
- Arrange ongoing training to build skills and promote learning opportunities.
- Arrange any off-site activities (i.e. Youth Led Clinical Assessments)
- Provide guidance and help overcome barriers.

By joining the Vermont RAYS, I agree to:

- Attend and participate in monthly meetings to connect with other participants, facilitators, and receive training to support and enrich my participation. Meetings are tentatively set for the third Wednesday of each month, from 4-6pm, during the school year.
- Be respectful to myself, fellow participants, faculty members, and others involved in the program.
- Be open, honest, and accepting to all opinions and views that are represented.
- Be active and present during meetings and events, helping to build community where all participants feel safe and comfortable.
- Maintain confidentiality of members and discussions that take place during meetings.

I understand that my participation may be financially incentivized, as described below:

- I will be provided a participation stipend of \$25 for attending a two hour orientation. I will receive this payment at the end of the orientation, in person.
- I will be eligible to receive \$25 for attending each monthly meeting. I will be required to sign a sign-in sheet to document my participation.
- I will be eligible to receive an additional \$25 bonus for attending all scheduled monthly meetings.
- I will be eligible to receive additional payments for participating in other youth led activities arranged by the Vermont RAYS, including site visits, participating on webinars or conference calls, or development of any written or graphic design promotional materials.

By signing below, I formally accept invitation to join the Vermont RAYS.

Participant (Print Name)

Participant Signature

Parent or Guardian Signature (if under the age of 18)



In partnership with VCHIP's Youth Health Improvement Initiative with support from Vermont Department of Health

